

MUNICIPAL SERVICES COMMISSION

CITY OF NEW CASTLE, DELAWARE 19720-0208

P.O. BOX 208

<http://newcastlemsc.delaware.gov/>

Office: 302 323-2330 Utility Building: 302-323-2333 Fax: 302-323-2337

Commercial Service application

___ Electric ___ Water ___ Both

Start Date: _____

Account Number: _____

COMPANY NAME: _____

OWNER OR PRINCIPAL OFFICER'S NAME: _____

BILLING MAILING ADDRESS IF DIFFERENT THAN SERVICE ADDRESS _____

Type of Entity:

- Partnership
- Corporation
- LLC
- Other _____

Tax ID#: _____

Proof of Entity: PLEASE PROVIDE COPY OF BUSINESS LICENSE AND PROOF OF EI#**

****This property will not be utilized to operate a business or rental. The property is investment property which is intended to be flipped. I agree to provide proof of EI#**

Trading As **Business Name** [if different than company name]: _____

Exact Service Address: _____

How long have you been in business, been incorporated or a partnership, etc: _____

Do you own or rent?

- Own
- Rent (Please provide a copy of your lease)

Phone #: _____ Cell #: _____ Other #: _____

Fax #: _____

Email Address: _____

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Reference Minimum 3

1) _____
Name Address Phone

Known for how long? _____

2) _____
Name Address Phone

Known for how long? _____

3) _____
Name Address Phone

Known for how long? _____

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Signature of owner or principal officer_____

Date_____